

#### **GOVERNMENT OF GUAM**

### DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSIAT



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# DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES REQUEST FOR INFORMATION NO. DPHSS-2021-001

To Determine Public Interest in the Development and Implementation of an Electronic Visit Verification (EVV) System/Software and Services

**RFI Issue Date:** May 24, 2021 **No. of Pages:** 6

#### **Proposal Submission Due Date:**

June 25, 2021

5:00 p.m. Chamorro Standard Time

#### **ISSUING AGENCY**

Department of Public Health & Social Services Division of Public Welfare Bureau of Health Care Financing Administration 155 Hesler Place Hagatna, Guam 96910

#### **Point of Contact**

Renee Carpela and Jeffrey San Nicolas Bureau of Health Care Financing Administration Suite# 5 University Castle Mall Building 130 University Drive, Mangilao, Guam 96913 Tel.: 671-735-7237 Fax: 671-735-7476

Email: renee.carpela@dphss.guam.gov and Jeffrey.sannicolas@dphss.guam.gov

# Return Proposal to: Renee Carpela, Claims Specialist III Department of Public Health & Social Services Division of Public Welfare Bureau of Health Care Financing Administration Suite# 5 University Castle Mall Building 130 University Drive, Mangilao, Guam 96913 Nark Face of Envelope / Package: RFI Number: RFI/DPHSS-2021-001 RFI Title: To Determine Public Interest in the Development and Implementation of an Electronic Visit Verification (EVV) System/Software and Services OFFERORS MUST COMPLETE THE FOLLOWING Offeror Name/Point of Contact/Address: Authorized Offeror Signatory:

OFFERORS MOST COMPLETE THE FOLLOWING	
Offeror Name/Point of Contact/Address:	Authorized Offeror Signatory:
	,
	(Print Name and Sign in Black or Blue Ink)
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Offeror Phone Number:	Offeror FAX Number:
Offeror Federal I.D. Number:	Offeror E-mail Address:
OFFERORS MUST RETURN THIS COVER SHEET WITH RFI RESPONSE	

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# REQUEST FOR INFORMATION ESTABLISHED ELECTRONIC VISIT VERIFICATION (EVV) SOFTWARE & SERVICES DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, DIVISION OF

# DEPARTMENT OF PUBLIC HEALTH & SOCIAL SERVICES, DIVISION OF PUBLIC WELFARE, BUREAU OF HEALTH CARE FINANCING ADMINISTRATION

#### RFI/DPHSS - 2021 - 001

#### 1.0 OBJECTIVES

The Bureau of Health Care Financing Administration (BHCFA), under the Division of Public Welfare (DPW), Department of Public Health & Social Services (DPHSS) is soliciting information from interested vendors to procure an Electronic Visit Verification (EVV) System that is already established and is able to work with BHCFA to implement and maintain compliance with the Centers for Medicare and Medicaid Services (CMS) Section 12006(a) of the 21<sup>st</sup> Century Cures Act. The mandate states Guam is to implement EVV for all Medicaid personal care services (PCS) and home health services (HHCS) for in-home visits done by a provider. The compliance is also applied to PCS provided under sections 1905(a)(24), 1915(c), 1915(i), 1915(j), 1915(k), and Section 1115; and HHCS provided under 1905(a)(7) of the Social Security Act or a waiver.

The DPHSS has established a committee that will draft the technical specifications that will form the body of a Request for Proposal (RFP) for EVV software services and other technical support services within the span of the awarded contract. The committee will use the information received as a result of this Request for Information (RFI) to assist in developing required specification and in cost estimation.

All submitted information submitted as a result of this RFI will be considered during the development of the RFP. Any of the responses to this RFI do not guarantee that the information offered will be integrated into the RFP, nor shall it prohibit any vendor from receiving or responding to the RFP when and if it is issued. The lack of response to the RFI will not preclude a vendor from participating in the RFP process.

The specific objectives of the BHCFA is to accomplish compliance with the EVV mandate(s) of CMS for EVV services for both PCS and HHCS through this RFI are as follows:

- Identify vendors who already have an established EVV system/software that includes all necessary data capturing requirements for CMS reports and capture the six (6) points of EVV. The EVV system must be able to electronically verify PCS and HHCS with the following information:
  - 1. the type of service performed;
  - 2. the individual receiving the service;
  - 3. the date of the service;
  - 4. the location of service delivery;

- 5. the individual providing the service; and
- 6. the time the service begins and ends
- Identify vendors and consultants offering technical support services for EVV solutions and in-home patient services to prevent fraud, waste, and abuse.
- Identify vendors and consultants offering EVV services to current and future PCS and HHCS providers
- Identify vendors offering EVV services that are able to assist the Guam Medicaid program to obtain certification of compliance with the CMS EVV mandate
- Identify a vendor that is HIPAA compliant
- Identify a vendor who can provide a timeline of when and what services are to be done from awarded date for a time frame of six months

#### 2.0 BACKGROUND INFORMATION

Guam Department of Public Health and Social Services (DPHSS) was created by 5 GCA, Government Operations, Chapter 3, Departments of the Government, Article 1, §3111, Department of Public Health and Social Services. The Bureau of Health Care Financing Administration falls under the Division of Public Welfare within the DPHSS agency. The BHCFA serves as the Medicaid program coordinator for services provided to Guam's eligible population.

#### 3.0 CURRENT TECHNICAL INFRASTRUCTURE

The BHCFA procured a claims processing software that was awarded to a local vendor. The prospective EVV vendor will have to work closely with this system called PH/Pro and with the Office of Technology on Guam. The focus it to integrate the service data points into this PH/Pro System and use it to cross reference submitted claims from providers to prevent fraud, waste, and abuse. In addition, the EVV system will need to capture six data points that will be used for reports, allow for a holistic view of data management control, and assist in certification of CMS standards for EVV services.

#### 4.0 STATEMENT OF NEEDS

The BHCFA is seeking to determine specific EVV services in order to reach compliance with the CMS mandate Section 12006(a) of the 21<sup>st</sup> Century Cures Act. Interested Vendors are asked to provide the following information:

- Describe the method to provide an EVV software and service to include maintenance, technical support, and training for BHCFA staff, providers, care givers, and clients of DPHSS.
- Describe the maintenance and support services it offers its clients for common technical problems;
- Describe the support services it offers for EVV in-home visits
- Describe the Data Collection source that is populated based on the information uploaded into the system that can populate graphs, and reports to monitor EVV services

- Describe the EVV software's ability to be user friendly for clients, care givers, providers, and BHCFA quality control reviewer(s)
- Describe the support and consulting services that may be provided during the span of the contractual agreement
- Describe the method of data storage and back up;
- Describe the consultancy services it offers for security and compliance issues;
- Describe the services it offers for any hardware and software purchasing needs, and other technology needs; and
- Describe the system administrator and the end-user trainings it offers

#### **5.0 PLANNING**

Maintenance and Support Cost Estimate: Submit a budgetary cost estimate for annual maintenance and support services for your EVV software and services.

**System Upgrades/Enhancements:** Provide a description of how your system is updated or enhanced to improve the EVV mandate requirements.

**Company Background:** Provide your company's name and other names it may have used previously.

**Company Experience:** Provide information regarding where the proposed EVV services or if similar services have been provided (successfully and unsuccessfully). Include the length of how long your company was able to provide the EVV services.

**System Partners:** Does your company provide an entire solution for EVV software and services, or does it utilize affiliated companies to provide portions of the services offered? If your company does outsource some of your services please provide background and experience information for the respective affiliations.

#### **6.0 RESPONSES**

**Inquiries**: Inquiries of a technical nature may be directed to:

Department of Public Health & Social Services

Division of Public Welfare

Bureau of Health Care Financing Administration

Email: renee.carpela@dphss.guam.gov and jeffrey.sannicolas@dphss.guam.gov

#### **AND**

Office of Technology

Frank Lujan

Email: frank.lujan@otech.guam.gov

**Submission**: Submit or email a complete copy of the requested information with all the necessary attachments. The responses to this document must be received no later than **5:00pm**, **Chamorro Standard Time (GMT+10)**, **Friday**, **June 25**, **2021**.

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#### Responses should be sent to:

Department of Public Health & Social Services Division of Public Welfare Bureau of Health Care Financing Administration Suite# 5 University Castle Mall Building 130 University Drive Mangilao, Guam 96910

**AND** 

Email: renee.carpela@dphss.guam.gov and jeffrey.sannicolas@dphss.guam.gov

**Format:** Please submit the requested information in the order found in this document.